

Chel 11-03



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

RECEIVED

MAY 16 2011

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

C5401824C02

FOR OFFICE USE ONLY

CHANGE No. Chel-11-03 WRIA 45
~~06-05-2011~~ DATE ACCEPTED 5/12/11 BY [Signature]
 FEE \$ 1000.00 REC'D 5/12/11
 CHECK No. #1261 05-16-2011
 ECY Coding: 001-002-WR10285-000011
 SEPA: ☐ Exempt ☒ Not exempt

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)

1. Applicant Information:

APPLICANT/BUSINESS NAME Al Jensen, Leavenworth NFH Manager/ US Fish and Wildlife Service, Leavenworth Fisheries Complex	PHONE NO. (509) 548-2917	FAX NO. (509) 548-3401
ADDRESS 12790 Fish Hatchery Road		
CITY Leavenworth	STATE WA	ZIP CODE 98826

CONTACT NAME (IF DIFFERENT FROM ABOVE) Malenna Cappellini, Environmental Compliance/ USFWS, Leavenworth Fisheries Complex	PHONE NO. (509) 548-2928	FAX NO. (509) 6263
ADDRESS 12790 Fish Hatchery Road		
CITY Leavenworth	STATE WA	ZIP CODE 98826

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Certificate 1824	RECORDED NAME(S) US Dept of Interior, Fish and Wildlife Service
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

C5401824C02

FOR OFFICE USE ONLY

APP. NO. 05671 PERMIT NO. 03537 CERT. NO. 9824 CERT. OF CHANGE NO. _____

Chel-11-03

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Icicle Creek (rm 4.5)	1	SE	NE	27	24N	17E	241723510553	surface

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Icicle Creek (rm 4.5)	1	SE	NE	27	24N	17E	241723510553	surface
Icicle Creek (~rm 2.8)	2	NE	SE	23	24N	17E	241723510553	surface

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use: No change

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
#1: Raising Fish	42 cfs		Year round

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
#1: Raising Fish	42 cfs		Year round
#2: Raising Fish - Temporary supply when existing intake offline	42 cfs		Year round - as needed (emergency contingency plan)

5. Place of Use: No change

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Sections 23, 24, and 26 of T 24 N, R 17 E WM							
Tax Parcel # 241723510553/Tax and Title 150025922							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Chelan	241723510553	
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Sections 23, 24, and 26 of T 24 N, R 17 E WM							
Tax Parcel # 241723510553/Tax and Title 150025922							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Chelan	241723510553	
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): <u>Claim #'s: 1825, 12008, 12009, 3103-A, G4-27115C</u>	

6. Remarks and Other Relevant Information:

The USFWS/Leavenworth NFH Complex is requesting an additional point of diversion, located at the hatchery's spillway pool, to be used as needed (contingency plan) for any future emergencies if the current point of diversion fails to deliver the necessary amount of water for hatchery operations.


IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:


I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.


(Applicant)

5/9/2011
(Date)


(Water Right Holder)

5/9/2011
(Date)


(Land Owner(s) of Existing Place of Use)

5/9/2011
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ **DATE:** ____/____/____